MEDICAL AND SURGICAL REPORTER

No. 1723. PHILADELPHIA, MARCH 8, 1890. VOL. LXII.—No. 10.

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CLINICAL LECTURE.

EX-OPHTHALMIC GOITRE.

BY JAMES H. HUTCHINSON, M. D.,[1]

VISITING PHYSICIAN TO THE PENNSYLVANIA AND CHILDREN'S HOSPITALS, ETC.

Gentlemen: The first case I bring before you this morning is one of Graves disease. The symptoms are not as well marked as in the great majority of cases, yet they are all present. It is an exceedingly interesting disease of which I see, perhaps, one or two examples yearly. The patient, a female, is 33 years old, and was admitted on the thirteenth day of the present month. Her father died of apoplexy, and her mother suffers from shortness of breath. Her brothers and sisters are all healthy. She has always been healthy, but has had considerable mental troubles. Three months ago she noticed that her throat was swollen. Since then it has become smaller and larger at irregular intervals. She has suffered with palpitation of the heart which was attended with severe pain. She soon noticed that her eyes were commencing to bulge. This was accompanied by attacks of giddiness with tendency to fall. These attacks were preceded by nausea, and were ushered in by a distinct aura. They lasted about twenty minutes. At first she had one of these in two or three days, but they have increased in frequency, and she now has several a day.

Her present condition is as follows: She is thin, and says she has lost both flesh and strength of late. Her bowels are regular, her urine normal. She has no appetite. Her pulse is 128. Her temperature sheet shows no very marked deviation from the normal. It has usually not been above 99°. There has been, therefore, but a slight tendency to fever. Her respirations are 28. Upon her admission to the hospital there was noticed

[1] This clinical lecture was the last ever delivered by Dr. Hutchinson.

an excessive action of her heart. On examining this organ now I find there is a decided impulse with considerable movement in the præcordial region. This can be seen more plainly when I place this stethoscope over her heart, the motion being transmitted to the instrument. On percussing over this region there is no very great increase, if any, in the area of præcordial dulness. The impulse here is not so violent as it is irregular. On examining the heart more carefully by auscultation I find there is a systolic murmur to be heard very distinctly at the apex, but still more so at the pulmonary cartilage, and also less distinctly at the aortic cartilage. It is loud, but not particularly harsh in quality, and, I believe, is dependent upon an alteration in the quality of the blood, especially so since it is heard best at the pulmonary cartilage. However, I will not say this positively, since there may be some insufficiency of the mitral valve. In a long continued disease, such as this, there may result more or less enlargement of the left ventricle, and consequently the valve no longer be able to close the orifice. However, the woman is undoubtedly anemic, and the blood count made yesterday shows a marked deficiency in the number of the red blood corpuscles. They numbered but 3,700,000 to the square millimeter. On placing my stethoscope between the two insertions of the sterno-cleido mastoid muscle, I get a distinct hum over the jugular vein. Blood which is anemic, in passing through the jugular vein gives rise to a continuous sound like that of a humming top. This is one of the indications of anemia. The thinner a liquid is, the more readily is it set into vibrations. The anemic blood is thin and easily set into motion, and hence this murmur is heard.

Examining the woman further, I notice a very slight enlargement of the thyroid gland. I notice also another characteristic of the disease, an excessive action of the arteries of the neck. Here you can see the pulsation in the descending thyroid artery, and here is the beating of the carotid artery. This pulsation is not confined to the neck. All of the arteries are acting excessively, but we can see those of the neck most readily. The thyroid gland is decidedly enlarged, and its size seems to be increasing as I look at it. This woman has exacerbations of her disease, and these are probably due to an hysterical element in her case. I feel a very distinct thrill over this gland, but most distinctly in the descending thyroid artery. This has been called the "purring tremor," because of its resemblance to the feel transmitted to the hand when placed upon the head of a purring cat. It also feels as if sand were passing under the finger. As I have said, the tremor is not as distinct in the gland itself as in the artery. A continuous thrill is often felt in the gland itself, due, however, to the constant circulation there.

As I have said, the excessive action of the vessels is not limited to those of the neck. In the abdomen I find a marked impulse over the aorta. Listening here, especially with some pressure upon the aorta, I get a systolic murmur. The question then arises, is this vibration due to an aneurism, or is it simply a pulsation. If it were due to an aneurism, we could detect a tumor, but there is none here. Then, if there were no aneurism here, by placing the patient upon her hands and knees and listening with the stethoscope placed over the vertebral groove, no murmur would be heard. The sitting position is the proper position for the patient to be in when endeavoring to detect a venous hum. If lying down, the circulation in the veins is not as rapid as when sitting up. Listening over the carotid artery, I can hear a systolic murmur, that is, systolic with reference to the time of the action of the heart, but diastolic with reference to the action of the arteries. Very probably this could be heard in all of the larger arteries of the body.

Another very important symptom in these cases of Graves disease is the prominence of the eyes. This is but slightly marked in this case, but becomes greater during her attacks or exacerbations. It may be so great at times that the eyelids will not close. I have seen such cases. At times this bulging is so extreme that the lids have closed behind the ball. In some cases prominence of the eyeballs is a natural condition, but if with it we find the other symptoms of rapid action of the heart and enlargement of the thyroid gland, of course we will make up our minds that our patient is suffering from ex-ophthalmic goitre, which is another name given to the condition. Graves disease is the name mostly ascribed to it, Graves first giving a full description of it as it occurred clinically. He was followed by Dr. Bardell, of Germany, who also described it, and hence, in Germany it is called Bardell's disease. Naming a disease after a man, however, is

objectionable. It is better to give the disease a name expressive of the condition present. The excessive action of the heart is always the most marked condition. It always precedes the onset of the other symptoms. We have no name, however, which exactly describes the condition found in this disease.

It is very important to examine our patients thoroughly. Some years ago a patient suffering from excessive action of the heart was sent to me by a friend, and I was just missing my diagnosis when, on asking the patient to remove his collar that I might listen to the arteries of his neck, I discovered an enlargement of the thyroid gland. I then noticed a slight prominence of his eyeballs, and thus made my diagnosis. Recovery finally took place in this case.

It is very difficult in these cases to explain the occurrence of all of the symptoms. This is not a mere palpitation of the heart, but it is associated with other symptoms. It is not an ordinary neurosis of the heart, but it is a neurosis, that is, the seat of the disease is in the nervous system. Some lesion of the sympathetic system is most probably present. We have a dilatation of the vessels, implying a paralysis of the vaso-motor nerves, but this will not explain the excessive action of the heart. Irritation of the vaso-motor nerves would produce an increased action of the heart, but a contraction of the vessels. We can explain the increased action by the larger amount of work required to fill the dilated vessels. The prominence of the eyeballs is due to an enlargement of the vessels back of the eye, and not to the presence of the hydrophthalmos, as was formerly believed.

As far at the prognosis is concerned, it is generally favorable. The disease has a tendency to get well of itself, certainly if the patient is placed under favorable circumstances. Of course, there are some cases in which death has occurred from pressure upon the trachea due to the enlargement of the thyroid. Ergot injected into the gland, or large doses of tincture of digitalis seem to be indicated for such a complication. Tracheotomy has been suggested and tried, but I am doubtful if it is proper under the circumstances.

The causes of this condition are not very well known. The female sex suffer much more than the male. I can recall but two cases of men who have had the disease, one who is now a physician and another in the practice of Dr. Morton. Among women I have seen at least twenty or thirty cases. Dr. Austin Flint has seen but one case in men. One to twenty is about the proportion in which it occurs in man. Nervous elements enter largely in the production of the disease. This woman has had considerable trouble. In other cases it appears to be due to a loss of blood, and it is therefore very common in those who lose blood by the rectum, as from hemorrhoids, or in those who suffer from a continuous loss of blood from any source. Anemia is often a coexistent condition in the disease, but is not necessarily a cause of the disease. It is not invariably present in the disease, and it may exist without Graves disease being present. Disappointment in love, and grief from any cause are frequently origins of the trouble, so we must look into the nervous system for the real causation of Graves disease.

The question of treatment is a very important one. The violence of the symptoms is not an indication of strength. We may have violence as a result of weakness. The heart may be beating rapidly, and yet needing tonics. So in this case we have given digitalis, while in some cases aconite would be more appropriate. The anemia calls for iron. We are giving this woman ten drops of digitalis and two grains of reduced iron three times a day. In addition to this the patient requires good nourishment. Easily digested, but highly nutritious food must be given. Milk is such a food, but with it a certain amount of solid food is desirable. Still more important than this is the rest. This patient is already very much improved and I attribute this to the rest she has had, together with the removal of the cause of her anxiety. With this treatment we will generally succeed in such cases. Galvanism, iodide of potassium, and iodine, locally and internally, have been recommended. It is better, however, to treat the symptoms as they arise. The disease is remarkably well borne in the great majority of cases. The patient may have it for years, and yet recover. It very rarely proves fatal of itself. In a patient weakened by it, however, a very slight cause will kill, and often an attack of pneumonia or of typhoid fever ends the case.

—A very old pharmacy is the Apotheke "Zum Mohren," in the city of Nuremberg, Germany, which in 1889 celebrated the 400th anniversary of its establishment.

COMMUNICATIONS.

CHRONIC INDURATION OF THE BREAST.[1]

BY G. G. DAVIS, M. D.,
PHILADELPHIA.

Having lately had two cases of chronic trouble with the breast under my care, I bring them to the notice of the Society, not on account of any peculiar interest which belongs to these particular cases, but rather because of that which attaches to the class of which they are familiar examples.

Case 1.—A young married woman, aged twenty-nine, had had four children, the youngest being two years of age. Eight years ago, with her second child, she had an abscess of the right breast. With her third child the breast again inflamed but did not suppurate. With the fourth it troubled her as soon as the child began to nurse, and ever since the child was weaned, at seven months, the pains in it have been severe. There is a small painful gland in the axilla which has been there ever since the breast was first affected; it has not increased any in size. Sometimes a thick yellow matter comes from the nipple. On examining the breast a distinct induration is felt on grasping it between the fingers and thumb, but on pressing it back against the chest wall it disappears, and only some indurated lines radiating toward the periphery can be felt. The breast is tender to the touch, the examination causing considerable pain. The diagnosis of interstitial mastitis was made, an ointment of belladonna and mercury applied, the breast well covered with cotton and bandaged firmly to the chest. Under this treatment the pain and induration disappeared, and she was advised to envelop the breast in cotton and wear a suspensory bandage.

Case 2 was also in a young married woman; her age was twenty-eight. She had had three children, the last being born five years ago. Two years ago she felt some pain in the left breast, and on examining it found a swelling as large as a marble above and to the outer side of the nipple. It was hard and tender to the touch, and could be moved around. She knocked it with a tub, after which it increased a little in size. It has pained her still more lately, particularly on using the arm or on handling the breast. For at least seven months there has been an enlarged gland in the axilla. Seven months ago she noticed a small lump also in the right breast; it was above and first to the inner and then to the outer side of the nipple. It was of the size of a cherry and painful. The patient was thin, but apparently quite healthy, with a good color.

On examination the left breast was flaccid, nipple retracted, and above and to the outer side of the nipple, both on grasping between the fingers and pressing flat on the chest wall, a small hard tumor was felt. The right breast was also flaccid and nipple retracted. There was marked induration, but no localized tumor on pressure. There was also an enlarged gland in the left axilla. She was subjected to the same treatment as the former case, and all pain and signs of tumor disappeared, leaving only a slight induration. There was no history of any abscess in either breast, nor has there been at any time any discharge from the nipples.

These two cases are of interest, because they show the manner in which benign growths of the breast commence, and their amenability to treatment in their earlier stages. There is no question in my mind that if these cases had been allowed to go on untreated they would have resulted in the production of some of those fibro-glandular tumors of the breast, for the removal of which incision would have to be performed. The question of diagnosis is also an important one. The promptness with which they improved under treatment demonstrated beyond a doubt that they were of a chronic inflammatory nature, involving primarily the fibrous structures. That the glandular structure in the first case was also somewhat involved was shown by the discharge from the nipple. The second patient had been told she had cancer by one doctor, and when she consulted an eminent surgeon in this city he urged the removal of one of the breasts. In one of the breasts of this patient, and also in the other patient, there was no tumor to be detected on pressing the gland against the chest wall, although induration was marked. This was probably because they had not existed long enough. Had the chronic inflammation continued, the fibrous tissue would eventually have become so contracted and matted together as to form a more or less solid mass, in the meshes of which the glandular tissues

[1] Read before the Philadelphia County Medical Society, January 8, 1890.

would have been imprisoned. We would then have commencing glandular changes, cystic formations, and, perhaps, peri- or intra-canalicular growths. Should the glandular structure, under the influence of irritation proliferate, a so-called adenomatous growth might be produced.

Concerning the origin of these growths, personally I regard them as largely the product of traumatic and irritative causes. In the first case the induration was undoubtedly due to the abscess with which the trouble commenced. In the last case the primary cause could not be ascertained. The subsequent increase in the trouble in one of the breasts was due, at least in some measure, to knocking it. This case complained of feeling pain in the breast on the approach of a storm, and also had pains in the shoulder, for which salicylate of soda was prescribed. It is possible that it may have been rheumatic in origin, and the probabilities of its being in part such are enhanced by the fact of the fibrous tissues being the parts affected. The dragging and movements and slight injuries to which the breasts are so often subjected evidently play such an important part in the production and increase of these growths, that it is to them our treatment ought to be directed. The breasts should be protected from any slight knocks by a thick layer of cotton, and all movements absolutely prevented by bandaging them securely and firmly to the chest by a roller bandage, over which are placed adhesive straps to prevent displacement. As regards the value of any applications of belladonna and mercury, such as were used in these cases, or of iodine, I am not prepared to say; but it should be borne in mind that if an ointment containing mercury is applied, it is perfectly possible to produce constitutional effects. I was compelled to abandon its use on one of these cases for that cause.

The question of prognosis is also an important one. Dr. S. W. Gross states that in 8.21 per cent. of carcinomatous cases the growth was preceded by chronic circumscribed induration; but this only occurred after an average period of fourteen years. The number of women who at some period of their life have had inflammation or abscess of the breast is very large, and the proportion of these that are attacked by malignant growths cannot be large, probably not any larger than is proportionate to the total number of women so affected. The relation is so small that I cannot believe it should induce the surgeon to recommend the removal of a breast so affected for that reason alone. If, in spite of careful treatment, a localized tumor and pain still persists, then an operation is advisable. The value of such a breast as a secreting organ is probably destroyed. Personally, I have little faith in the transformation of a benign into a malignant growth as a common event. That such instances do occur I am willing to admit, but I think it more likely that most of these cases which turn out malignant have in their origin been malignant and mistaken for benign troubles. There is no doubt that even with the aid of the microscope we are often unable to tell positively whether a certain growth is malignant or not; how much more liable then is the clinician to make the mistake? The dividing line between fibromas and sarcomas is not always well marked, and the same is true of adenoma and carcinoma.

In conclusion, I would recall to your attention the necessity of a careful examination before giving an opinion. Retraction of the nipple, even when associated with a hard growth and an enlarged axillary gland, is not pathognomonic of carcinoma. One of these patients was assured she had a cancer. The unnecessary distress caused by such an announcement can easily be imagined.

Another point which these three breasts illustrate is the influence a lack of proper protection and support have upon the progress of the affection. Had these been applied when the trouble first showed itself, its progress would probably have been checked at once, the disease permanently cured, and not have continued for years.

In cases of suppuration of the breasts one is too liable to dispense with dressings and support as soon as the wound has closed, forgetting that there is a mass left behind which, from continued irritation, may be the starting-point of a chronic inflammation, resulting in a more or less circumscribed fibroid thickening. A continuance of careful support and protection would probably cause a complete resolution and disappearance of the inflammatory products, leaving the breasts but little altered from their previous healthy condition.

—Aluminum is said to be coming into favor for dental purposes. It is better than rubber.

THE SYMPTOMS OF TYPHOID FEVER.

BY A. C. DOUGHERTY, M. D.,

NEWARK, N. J.

The varying degrees of poisoning by the typhoid ferment and the difference of individual susceptibility gives each case its own peculiar interest. There is no symptom of typhoid fever which can be considered as pathognomonic. Cases are recorded by Leibermeister in which the amount of infection was so small, or the individual power of resistance so great, that the disease ran its course without any fever: cases of so-called febrile abdominal catarrh. But in Basle, where his observations were made, the distribution of the typhoid poison is so widespread that swollen Peyer's patches are frequently found in persons who have died of other diseases, or who have met death by accident. I regret to say that my tabulation of the symptoms in the twenty cases to which I shall refer, is not as complete as it would be had I had the opportunity of observing the cases from the beginning. The gradual invasion of the disease is justly looked upon as an important help in forming a diagnosis in a doubtful case; but in my twenty cases forty per cent. were taken ill suddenly. In one the disease was ushered in by a hard chill, and in two no chill occurred. The symptom of most constant occurrence, next to the fever, was diarrhœa; which occurred in ninety per cent. at some time during the course of the disease. In six of the cases the disease was ushered in by this symptom. In seven it occurred within the first week; in four in the second; and in one in the third week. The cases were all mild, except one, the highest recorded temperature after admission to the hospital being 105⅘° F.; while in another case the fever after admission never exceeded 102° F. Lassitude and somnolence ushered in most of the cases—eighty-five per cent. Headache was entirely absent in four of the cases. Abdominal tenderness was present in but nine; while more or less tympanitis occurred in twelve. Eight only had epistaxis; and five were delirious. The dull facial expression was noted in nine. In one the bowels were regular throughout the course of the disease. In another the bowels were regular on all but two days; when diarrhœa prevailed. In one constipation was persistent; and in three this condition and diarrhœa were alternately present. The eruption was noted in eleven; while in three it was absent. In the remaining six cases I was unable to ascertain whether or not there had been a rash. Intestinal hemorrhage took place in one (a walking case), occurring in the third week. Deafness was present in one after the eleventh day; vomiting in four; in one of which it ushered in the disease; nausea in one and bronchitis in three patients; two of whom developed a pneumonia. Three of the cases had a relapse, and one was suffering from a relapse at the time of her admission to the hospital.

Finally, as to the drinking-water: Ten had been in the habit of drinking hydrant water and ten claimed that they used well water. In one of these cases the well water was obtained from the hospital pump. In none was the thermometric record typical. The average age was 27.6 years. In this tabulation it is shown that there was but one symptom common to all the cases, namely, the continued fever; and, as I have quoted, it is claimed that even this may be absent and yet the patient have typhoid fever, which—even though mild to a degree—would require greater care in diet than would be accorded to a case of any of the other diseases with which this condition would be liable to be confounded.

How then shall we avoid error, and with what diseases in this locality is typhoid fever most liable to be confounded? It would seem that he who takes the least for granted is the one who is less likely to fall into error. The presence of the disease in the locality, the age of the patient, his family history, the fact that the disease is usually ushered in by chilliness and not by a violent rigor, a careful investigation of the chest, the observation of a gradual but steady rise in temperature, and of the inutility of cinchonism at the commencement in the relief of symptoms, the epistaxis when that occurs, and the rapidly lowered vitality, together with a wide-awake patience until the rash, splenic enlargement or abdominal symptoms show themselves, should in the vast majority of cases clear up all doubt.

It is true that gradual invasion, chilliness, lassitude, continued fever and prostration—symptoms common in simple continued fever (in the rare cases where that occurs)—and in remittent fever, are in many cases the only symptoms in the early stages with which we will meet; but a careful examination of the chest and of the urine, the fact that simple

continued fever comes to an end at a time at which, in typhoid, the symptoms begin to be more and more marked, together with a microscopic examination of the blood in suspected remittent and of the sputa in suspected phthisis, ought to clear up the diagnosis or at least strengthen the suspicion of typhoid sufficiently to keep the patient on safe diet and in bed until we are enabled to arrive at a conclusion. We should, moreover, be mindful of the fact that the typhoid state is not necessarily typhoid fever; that the dry tongue, the subsultus and the mild delirium are simply symptoms of depressed vitality, and are to be found in all diseases characterized by profound vital depression. Da Costa describes a case which all the symptoms (even to a doubtful rash) of typhoid fever, except the diarrhœa, were present, but in which the autopsy showed these symptoms to have been the result of a suppurative nephritis. Moreover, it is well to bear in mind that photophobia and retraction of the head may occur as a result of the action of the typhoid poison upon the nervous system and together with the vomiting that occasionally occurs, simulate cerebro-spinal meningitis.

There can be no doubt but that many mild cases of typhoid fever run their course without their true character being so much as suspected. On November 17, 1888, I was called to see a man who gave the history of having been greatly prostrated by a bad cold for two weeks. He said that the only symptom that caused him distress was a stitch in the intercostal region of the left side, accompanied by a distressing cough. He had a slight fever at the time of my seeing him and gave a history of malarial poisoning. Finding a bronchial catarrh over both lungs, and being in a hurry, I carelessly attributed his symptoms to his bronchitis and to malaria, and told him to send for me again when his medicine was used if he felt no better. On November 24, I was again called to see him, and found him somewhat better but still very weak. He then told me that he had neglected to inform me at my first visit that he had had a diarrhœa since the early part of his sickness, and, on close questioning, remembered that his fever had been continuous from the beginning of his illness up to four days back. I then examined the abdomen and found it tympanitic, somewhat tender on pressure in the right inguinal region where also pressure elicited a gurgle. He also told me that his stools had been numerous, yellow in color and very fetid. His mother then completed the diagnosis by stating that he had been delirious during his sleep since shortly after his illness began. Of course he had gone through a mild attack of typhoid fever, and I, in my haste, not inquiring as closely into the history of the case as I should and giving undue weight to his chest symptoms, and not having been told of his diarrhœa, had not suspected his real sickness. I remember another case that came under my care while connected with the house staff of St. Michael's Hospital. The man gave a history of having had quotidian intermittent fever for several weeks before his admission. His fever was now found to be continuous, with morning remissions and evening exacerbations, and the man was closely questioned and examined in the expectation of his disease proving to be typhoid. I remember that his face was flushed, his tongue moist and covered with a white fur, his bowels obstinately constipated, his abdomen not particularly swollen; that he had no abdominal tenderness, no gurgle, and no spots, and had had no nose-bleed. We therefore gave him Clark's powders night and morning, in the belief that his fever was of a malarial character. Complaining one evening rather more than usual of the torpid state of his bowels, the Sister gave him a dose of a saline mixture. The next morning, his bowels having been but slightly moved by the purge, as he complained of considerable pain in his abdomen, the visiting physician, thinking the pain due to flatus, the result of an incomplete evacuation, ordered another dose of the purgative. Fifteen minutes after taking this, he was suddenly seized with the most violent cramps and died within a few hours. On *post-mortem* examination I found that death had resulted from an acute general peritonitis, the result of the giving away of a deeply ulcerated Peyer's patch in the ileum, the perforation being large enough to admit the end of the little finger. Previous to the pain complained of after taking the purge this man had not presented a single characteristic symptom of typhoid fever.

We are thus warned that typhoid fever may run a great part of its course without giving rise to any more characteristic symptom than the continued fever, and that it is our duty to observe all of the precautions usual in the case of this fever in the management of any case of continued fever in

which the disease has not been positively determined. I lay so much more stress upon the mild forms of the fever than upon the severe ones, because of the greater likelihood of error in diagnosis, and also because of their frequency. It is hardly necessary to call to mind the statement so commonly made in the books on the diagnosis of this disease, that there is a possibility of confounding it in the beginning with measles, small-pox, scarlatina and diphtheria. But though the symptoms of invasion may, in many respects, bear a strong resemblance to typhoid, a few days would clear away all doubt. Still I saw a case of diphtheria for Dr. Wrightson last autumn in which, besides the gradual invasion, chilliness, low temperature, lassitude and headache, the man complained of excessive tenderness in the right inguinal region. A few days later, and the patches had made their appearance on the tonsils.

As for the other diseases that may possibly be confounded with typhoid, namely, enteritis and acute pulmonary tuberculosis, they need only be borne in mind in order that we may be on our guard as to their symptoms possibly being the cause and not the effect of the typhoid condition. In case of uncertainty as to whether we have to deal with the pulmonary complaint or with typhoid, a microscopical examination of the sputa would clear up all doubt.

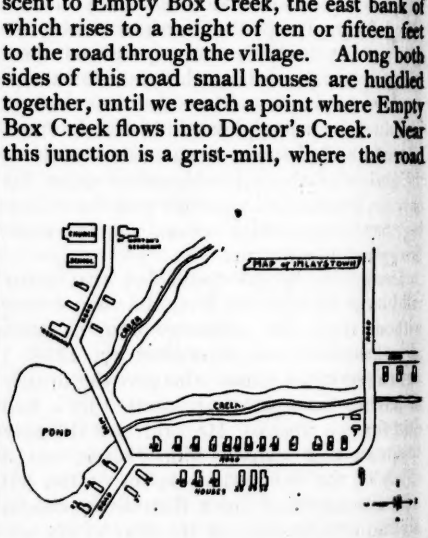
I would state, in closing, that it is a safe rule to suspect the existence of typhoid fever in nine-tenths of the low continued fevers occurring in this locality, between the ages of fifteen and thirty-five years, when sufficient time has elapsed since the invasion of the disease to exclude malarial, infectious or pulmonary complaints.

—The endeavor to establish a botanic garden in the City of Montreal, three years ago, though it met with great opposition at the time, says *Garden and Forest*, is likely to be realized at no distant day, though the original plan has been greatly modified. For some time past efforts have been directed toward the establishment of a garden in connection with McGill University, and the end has been so far attained that a portion of the grounds, embracing somewhat more than three acres, has been set apart for that purpose, the intention being to occupy eventually about six acres.

TYPHOID FEVER AT IMLAYSTOWN, N. J.

BY H. G. NORTON, M. D.,
TRENTON, N. J.

In Imlaystown, Monmouth Co., N. J., typhoid fever has existed, or shown itself, every summer and fall from 1882 to the present time. Coming east on the Allentown road, shown on the accompanying map, to house No. 1, we find flat country, with a substratum of clay near the surface, shallow wells largely filled with surface water, and poor drainage or none, then a sharp descent to Empty Box Creek, the east bank of which rises to a height of ten or fifteen feet to the road through the village. Along both sides of this road small houses are huddled together, until we reach a point where Empty Box Creek flows into Doctor's Creek. Near this junction is a grist-mill, where the road



turns and ascends a hill, upon both sides of which are houses of a good class, on high ground. The wells in this portion of the town are from twenty-five to thirty-five feet deep, passing through a sandy loam down to a bed of marl. As there has never been typhoid in this section I will not write of it further than to point out the usual disregard of hygiene evident in this afflicted town by the location of the school-house, which is built upon the site of an old barnyard. A shallow well at the door supplies the water. No specific sickness has been traced to the school; but certainly we might expect people in the country, where land is plenty and of little value, to make a better selection of locality for a school-house.

Inspection shows the houses first noticed

to be built about twenty or thirty feet from the bed of the creek, with basement kitchens having wells of not over six to ten feet deep (the bottoms of the wells seem to be on a level with the creek) at the door, often under a shed, and for convenience or necessity the privies near by, though many of the privies are built over the creek.

It is the universal custom to throw out of the kitchen door all slops, dish-water, house sweepings, etc.; besides, in nearly every yard of not over thirty feet square either chickens, hogs, or a cow, or all, are kept. Many of these yards are densely shaded with trees. The soil, when turned up in summer, smells sour and bad, is black, watery and grease-soaked, pasty and slimy to touch, not crumbling readily, showing that air and sun do not penetrate it to purify it, and that this condition is continuous.

Many of the occupants of these houses take in washing. Where they do, the laundry water is emptied out of the kitchen door upon the ground near the well, which of course adds to and keeps up the filthy condition of the soil. All this, it seems to me, makes a good culture field for typhoid fever.

I will now give a short history of each of these houses, as I have watched them for seven years. For convenience of designation I will refer to them by number. To house No. 6 a young man came home from the seashore on September 22, 1882, with typhoid fever, from which he recovered after a severe illness of six weeks. As is my custom I ordered the excreta to be buried; and if they were buried, this was done in a meadow near the creek. I do not think this case had any connection with the subsequent cases, as there was no case in this house again until in 1886; but I give it as the first case in the series.

On August 12, 1883, a young man came home, also from the seashore, to house No. 1, where after five weeks' sickness, he recovered. Here, also, the excreta were ordered to be buried; but in spite of protests, this family have been careless in disposing of laundry water, throwing it around the well, where, through rat-holes and the drain, it quickly entered the well. As the well at this house is arranged as is very common among farmers, I will describe it carefully. For convenience the well is in a shed or kitchen adjoining the house; under the floor and below the pump-nozzle is a "pump-box" emptying just outside the kitchen wall into a hole in the ground, about one foot deep, loosely walled up at the sides without cement. At the bottom of the hole are some under-drain tiles, open at bottom and at joints, leading off a short distance underground to nowhere in particular. This very primitive and inefficient drain was laid after a visit from the local Board of Health, which instructed the people to do something. This mis-called drain is particularly dangerous, as it hides all the slops underground and just over the well. Now when we consider that into this pump-box is thrown all the laundry water, the rinsings of chamber vessels often, dish water, milk from the washing of milk-pans and cans, it is no wonder we have a disease-infiltrated soil and a constant percolation into the well. At many farm-houses there is not even the pump-box, but the water is poured around the well to go where it will—into the well, of course. In this house there has been typhoid every summer since its introduction in 1883. Dr. F. C. Price, my successor in Imlaystown, tells me there is a severe case there at this writing.

In house No. 4, we had one case in 1886; No. 7 was not occupied; in No. 8 there was one case in 1886; in No. 9 one case in 1885, and dysentery (?) in 1887. In No. 10 there were two cases in 1887; in No. 11 one case in 1888; in No. 12 two cases in 1885 and one in 1886. From the well of the house, situated as above described for all these houses, I took a sample of water and submitted it to Prof. Cornwall, of Princeton, for analysis, through the courtesy of Dr. E. M. Hunt, of the New Jersey Board of Health. The following is Prof. Cornwall's analysis: "Result per 100,000 parts: Free Ammonia 0.0145; Albuminoid Ammonia 0.01; Oxygen consumed 0.128; Nitrogen in Nitrites and Nitrates 5.36; Chlorine 12.1. This sample contained very much nitrites, and evolved an odor of rotten straw when boiled. The analysis indicates the presence of very recent and excessive drainage or other animal contamination." I might add that in this small yard, 20 x 40 feet, was kept a cow, two hogs and poultry; and that every day very dirty laundry water was emptied on the ground, as the occupant of the house takes in washing. In No. 13 there were two cases in 1886, one fatal. The well water here was also examined by Prof. Cornwall. The owner had honestly tried to do all she could to improve the water as advised by the local Board of Health the year before. Local boards have power

to advise freely, granted them by the Legislature. Prof. Cornwall writes of this well: "Result per 100,000 parts: Free ammonia 0.0034; Albuminoid Ammonia 0.0057; Oxygen consumed 0.076; Nitrogen in Nitrites and Nitrates 2.88; Chlorine 15.4. This sample is much purer organically, but still has a very great excess of chlorides and nitrates, indicating previous contamination by sewage or drainage from inhabited grounds. I should consider its use dangerous. It showed a trace of nitrites."

Prof. Cornwall never knew the history of these wells. No. 14 was not occupied. In No. 15 there was one case in 1886. There is no well at this house, and the fever was contracted undoubtedly at No. 2, where the subject of it stayed during the day, sleeping at home. In No. 16 there was no typhoid fever. The well here was in front of the house, on higher ground, and not in the way of slops. As this well seemed to be most cleanly, I always advised people to use it, as Nos. 15 and 24 did altogether. In these houses there was only the case mentioned above—No. 15, where the disease was contracted at No. 2. No. 17 had the nastiest well and surroundings I ever saw for three or four years, and yet not until this year was there any typhoid fever there. In this house there were two cases this year. At No. 18 the well is kept clean and removed from the door, and there was no fever there until this year, when the mother contracted the fever while nursing her son and daughter at No. 17. In No. 19 there were two cases in 1888, and in No. 20 one case in 1888. No. 2 had one case in 1885, one in 1886, one in 1887—contracted here but sick at No. 15.

No. 22 had one case in 1886, No. 23 two cases in 1888. No. 24 had no well and no fever, the occupants using well of No. 16. No. 25 has a well in the front yard, seemingly clean. In this house one case in 1887, called malaria, might have been mild typhoid. No. 26 had one fatal case in 1885. The well was at the kitchen door and in bad condition. No. 27 had no fever. The well is distant from house, and clean. No 28 had one case in 1887. No. 29 has a clean well removed from house and had no fever. No. 30 is a church. No. 31 had a clean well and no fever.

During this epidemic of typhoid at Imlaystown there have been numerous cases at isolated farm-houses, many probably contracted in the village. The cases were undoubtedly typhoid, and have been seen by Dr. D. Benjamin, of Camden, Dr. P. B. Pumyea, of Allentown, Dr. F. C. Price, of Imlaystown, and myself.

The evident conclusions seem to be that the germs of typhoid fever in suitable soil or water will cause the disease year after year.

The germs seem to lie dormant through the winter; perhaps, as I heard stated in Professor Dixon's paper, read before the New Jersey Sanitary Association lately, the germs do not seem to live in water more than four days; they may multiply in the soil I have described, and, during the winter, in the frozen ground remain inactive, or hibernate; or, as these wells are higher in winter, the increased dilution of the water may account for the absence of the disease. Polluted water without the germ will not cause typhoid fever.

The prevalent custom of having wells at the kitchen door of farm-houses is bad. Where wells are remote from the house few cases occur. Although the bottoms of these wells are on a level with the brook I do not think the germs found their way from the wells to the creek, or *vice-versâ*, as the houses near it were not all affected in the same year. There were no cases in 1884, and this I attribute to the very wet and cool summer.

ENTERIC FEVER COMPLICATED WITH CATARRHAL PNEUMONIA.

BY J. NEWTON HUNSBERGER, M. D.,
SKIPPACK, PENNA.

Mrs. R., 53 years old, consulted us (Dr. Samuel Wolfe and myself) at our office, for a dull, persistent headache, pain in the limbs, loss of appetite and a feeling of general malaise. She had also complained of a slight chill the preceding day. Our diagnosis was malaria, a disease she had frequently suffered from; and she was accordingly put on full doses of quinine. We saw her again five days later and found her sitting up, with a pulse of 130, full and bounding but not wiry. Her respirations were 38, with a good rhythm, and her temperature 102° F. On examination, râles were discovered over the base of both lungs; these varying from the fine dry crepitant râles to sub-mucous râles, with areas of impaired resonance over the anterior aspect of

both lower lobes. The vocal fremitus was slightly increased over the lower areas. The patient's cheeks were slightly flushed; her urine rather scanty and febrile in character; her cough slight but rather hard. A diagnosis of catarrhal pneumonia was made.

The next day, however, the patient was suffering from a diarrhœa, with characteristic ocher colored stools. The headache was still increasing in intensity, and the patient's countenance was heavy, dull, lethargic. There was no epistaxis. The chest symptoms remained unchanged.

On palpating the abdomen there was some slight tenderness found in right iliac fossæ but no gurgling. Typhoid fever was suspected, and the appearance of the typical rose-colored spots on the following day confirmed the diagnosis. The lung symptoms increased in severity until the end of the third week. Both lungs were affected.

The examination each day would reveal new areas undergoing partial or entire consolidation, while other areas, previously examined and carefully marked, were showing signs of a beginning resolution, or were far advanced in that stage.

The pulse all through the disease, until convalescence, varied from 120 to 130; her temperature ranged from 100° to 102.5° F.; her respirations until the end of the fourth week varied from 30 to 38, being increased on the slightest exertion.

She was in bed for five weeks and convalesced slowly, but complete.

The treatment was simple. When first seen she was ordered to bed and put on a milk diet exclusively, taking a quart of milk a day. This was kept up during the first four weeks. At the first she was given senna, small doses of veratrum viride and liq. ammoniæ acetatis; this was only continued for a day. She was then put on a carbonate of ammonia mixture alternating with dilute nitro-muriatic acid and quinine.

Her pulse showing signs of weakness at the end of the first week, she was given digitalis, and a week later she was put on French brandy, taking from 6 to 8 ounces per day.

The diarrhœa was held in check with subnitrate of bismuth, except for two or three days during the third week, when three grains of acetate of lead and one grain of opium (powdered) were given.

I think this case is rather unique. In the first place it is rare to have a catarrhal pneumonia, involving both lungs, complicated with typhoid fever; and also rare to have so much of the lung tissue affected and yet with so complete a recovery.

SOCIETY REPORTS.

NEW YORK ACADEMY OF MEDICINE. SECTION ON ORTHOPEDIC SURGERY.

Stated Meeting, Nov. 15, 1889.

A. B. JUDSON, M. D., Chairman.

DR. H. L. TAYLOR read the paper of the evening on

The Treatment of Talipes Equino-Varus by Continuous Leverage.

Viewed from behind, this deformity is a curve of the foot and leg with its convexity directed outward. In order to exert continuous leverage, a splint is applied to the inner or concave side of the curve, and then the deformity is reduced by drawing the foot and leg to the splint. By progressively bending the splint, valgus may be produced. Leverage should thus be applied to overcome first the varus, and afterwards the equinus, the heel cord being left until the plantar fasciæ have yielded. Tenotomy does not take the place of systematic mechanical treatment. Much disappointment has been caused by failure to realize that it is only an incident in the treatment of club-foot.

The appliance used by Dr. Taylor consists of a steel shank, which is easily bent according to the requirements of the case, pivoted to a foot-piece composed of a sole plate and a side plate. It is worn inside the shoe. The shoe cannot hold the foot, as it has no certain grasp, and the foot slips and turns inside. The foot is to be held and gently forced into position by the properly applied pressure of straps and buckles, the sole being kept in contact with the sole plate by a three-tailed adhesive plaster applied to the leg, a piece of webbing being attached to the plaster and buckled to the heel of the apparatus. Moderate continuous stretching thus applied is irresistible, and is easily borne by the patient. During the prolonged after-treatment, the patient goes about quite independently, the brace being completely concealed by the shoe and stocking.

Dr. V. P. Gibney had formerly corrected both the varus and equinus at once, but for some years past he had been in the habit of first converting the equino-varus into equino-valgus, and then reducing the equinus, the after-treatment being conducted with a retentive apparatus. He preferred taking six months to reduce the deformity, which can be done in many cases without tenotomy; but a speedy method consists in giving an anæsthetic and molding the parts for ten or fifteen minutes, and then reducing the varus by manual force. A light plaster of Paris bandage holds the foot in equino-valgus for four weeks, and then the tendo Achillis is cut, and for ten days the foot is held in calcaneo-valgus. An apparatus is then applied and the parents are instructed in regard to the after-treatment. In those cases in which the bones are unmistakably distorted and elongated on one side and atrophied on the other, he had tried various methods, including excision, stretching and gradual rapid replacement, with good results.

Dr. N. M. Shaffer preferred to use an apparatus applied on the outer side of the foot, believing that if applied on the inner side, it will have an improperly located centre of motion, as was demonstrated on the blackboard. Points of pressure, however, are made as in the apparatus described by Dr. Taylor, on the inner aspect of the heel and the inner and upper aspect of the tibia; while between these points of pressure there is inserted a centre of motion to the outer side of and below the external malleolus. The operator is thus enabled, by the use of the key, to exert real traction force on the resisting lateral tissues, the heel being thrown downwards and outwards, after the straight line is reached, instead of upwards and outwards. He had not found it necessary to use adhesive plaster in this method of reducing the deformity. He favored the application of exaggerated force at very short intervals if reduction cannot be effected by constant pressure. As soon as this rigorous treatment has made it possible for the patient to properly apply the foot to the floor, a walking-shoe is applied, which makes use of the weight of the body as a means of overcoming muscular and ligamentous resistance.

Dr. R. H. Sayre said that the treatment of club-foot is simply a question of bringing the foot into a normal position and keeping it there while shortened tissues are gaining length, and lengthened ones are contracting to their proper dimensions. If resistance is encountered, cutting the fibres is certainly preferable to tearing them by the exercise of great force. Whether or not a tissue can be stretched may be determined by putting the part on the greatest possible stretch and, while so stretched, making point pressure with the finger or pinching the part between the finger and thumb. If a reflex spasm is obtained, this tissue will not stretch. Dr. Taylor has well said that tenotomy and osteotomy are only steps in the treatment; and the method to be adopted is to keep the foot in the normal position while it is growing. We may derive encouragement from the marked results of the Chinese in their persistent efforts to deform the foot.

Dr. Judson preferred a lever on the inner side of the foot and used a single strip of adhesive plaster wound around the foot and buckled on the side of the foot-piece. In this way the ankle is drawn into the concavity, the foot is untwisted, and the heel is held in contact with the foot-plate. In the new-born the deformity is to be reduced in the most convenient of a half-dozen approved methods. This must be done gently and thoroughly by the time the child begins to walk. After that, a light brace, worn for many years, should hold the foot on the right side of the dividing line between varus and valgus, so that every foot-fall of the growing child shall give an impulse toward the normal shape.

Dr. Ridlon thought that orthopedic surgeons frequently failed to recognize the fact that the after-treatment in these cases is of the same duration whether the deformity be corrected in a few days by operative means, or only after many months or years by instrumental means. It is doubtful if it be justifiable to confine a patient for so long a period as is usually done when instrumental means are employed, simply to avoid an operation. Another object to the mechanical treatment of these cases is that valuable time is lost during the period of growth, for a crooked foot grows crooked, and a straight foot straight. It would therefore seem desirable to correct the deformity at the earliest possible moment in order to get the benefit of the growth in the correct position, and in order also to get the correcting force of the superincumbent weight as described by the last speaker. Congenital cases in very young children, which yield readily to stretching, may be treated in that

way; and other cases which can in a reasonable time be corrected by intermittent traction, would seem to be suitable cases for mechanical treatment; but the severe forms of club-foot should be subjected to more vigorous measures.

REPORTS OF CLINICS.

NEW YORK POST-GRADUATE MEDICAL SCHOOL.

CLINIC FOR DISEASES OF CHILDREN.—PROF. J. H. RIPLEY.

Ununited Fracture of Humerus.

The first patient presented was a boy, one year old, who was brought by his mother for loss of power in the right arm; he was unable to lift his hand. Without going any further into the history of the case, Dr. Ripley asked the class what causes would produce paralysis of one arm. Meningitis and tubercular meningitis were suggested. Dr. Ripley said that the palsy produced by meningitis might persist for some time after the inflammation in the brain had subsided and occasionally in one limb alone. Other causes were syphilis; pressure on the nerves, as from lying upon the arm; an abscess pressing upon the nerve; and, operating in the same manner, a tumor or an aneurism (not likely in young children); infantile paralysis; a dislocation of the head of the humerus; or fracture of the anatomical neck. And there was one other cause that he had once seen overlooked by a prominent surgeon of this city—an exceptional cause to be sure, but nevertheless one that does occur, namely, fracture of the clavicle: the callus and the displaced fragment so pressing upon the nerves that entire motion of the arm may be lost.

With the causes of this condition in view he then proceeded to the history and examination of the case. The mother said the loss of power had existed from birth. For several hours the left arm was similarly affected. For the past month the child possessed the power of rotation of the hand, but made no attempt to lift it up. On being questioned she said her labor was a breech presentation, and that she was attended by a midwife. This evidence, Dr. Ripley said, was almost a demonstration. The child has a good appetite, and the bowels are regular. He is bottle-fed, on condensed milk; which Dr. R. believes to be the best artificial food to be had in large cities. Examination of the arm shows some wasting; it can be forcibly raised to a right angle with the body, but no further, and then it causes pain. There is a depression under the acromion process, showing atrophy of the head of the humerus, and below the head there is a displacement with some motility and an occasional crepitus. There occurred at birth, then, a separation of the epiphysis.

But what was the reason that this did not unite? For, usually, when dressed with a simple splint and kept in proper position, these fractures heal in about ten days?

Examining the baby's head it is noted that the forehead is of square shape and the head asymmetrical, showing imperfect bone development. This, therefore (together with the fact that probably at the time the accident took place no treatment was adopted), explains the condition found in the patient.

With reference to the treatment, there is not much to be done. Passive motion of the arm, and particularly attention to the general health are the measures of the greatest value. He would order this child, for the present, cod-liver oil. Eventually the child will get some use of the arm; but he will never possess full power.

Cardiac Hypertrophy; Mitral Regurgitation.

The next patient was a girl in her sixteenth year. Attention was called to the fact that she appeared to be but nine or ten years of age, and that she was anemic and poorly developed; also her respirations were hurried. These points Dr. Ripley had the gentlemen note for themselves. Her mother supplied the following history: Since she was three years old the child had been complaining; had grown short of breath on exertion, and weak; her appetite was poor, and she had become very emaciated. She was brought to the Clinic for persistent vomiting that set in one month ago; she now was able to retain almost no food upon the stomach. The mother had had seven other children; they were all plump and healthy. This child had been thin since birth, but was always considered in good health until the past few years. She had been strong and able to play. She had measles when one year old. She was asked how long the child had been sick, and how long the erup-

tion had lasted, etc.: questions to determine whether she positively had measles, and whether the disease was complicated or not. She had never had scarlet fever, whooping cough, diphtheria or chicken-pox. Especial attention was called to inquiring concerning these points in all diseases of children. In chronic cases we are guided toward our diagnosis by the possible sequelæ, and in acute diseases, and particularly in fevers, we are assisted in the same direction by being able to exclude those fevers which the patient has already had.

Another question to ask is, has the child been vaccinated? Dr. Ripley mentioned a patient he had seen two weeks before, fifteen months old, who appeared very sick and had a temperature of 106°. There was no eruption and no inflammation in the throat. As the location was opposite the small-pox Hospital, and as the child showed no scar of vaccination on the arm, it was natural to suspect small-pox. The case proved to be such; the rash appearing the following day. The child died.

The chief symptom in the patient before the class when she first came under observation was the vomiting; indeed the mother at the time said that was all that was the matter with her. So Dr. Ripley asked the gentlemen to name for him the causes of vomiting.

The following were given: indigestible food; catarrh of the stomach; cerebral lesions; constipation; ulcer and malignant disease of the stomach; stricture of the œsophagus and pylorus; obstructions of the intestinal tract; kidney disease (a very important cause, as it is liable to be overlooked); irritant poisons taken into the stomach; poisons inhaled; reflex irritation, such as uterine disease, post-nasal disease, etc.; cardiac disease, producing congestion and even catarrh of the stomach (another important cause to bear in mind); traumatism; worms in the intestinal tract. Dr. Ripley said that, as a rule, he placed little stress on worms being the cause of any sickness; but he had seen an autopsy in one case where death was due to an obstruction of the bowels from worms.

The patient now bared her chest, and it was noted that development was deficient, that there was marked emaciation, that the chest was asymmetrical, the left side being larger than the right, whereas the right should be the more prominent (especially in boys), and that the veins over the chest were unusually distinct and numerous. Respirations were quickened, and the action of the heart increased in force and frequency. The apex was about in normal position; but the heart was enlarged, and a loud blowing murmur was heard at the apex, with the first sound transmitted to the left and heard distinctly at the angle of the scapula. Dr. Ripley urged the class to become familiar with physical diagnosis. It was his experience that no branch was more neglected by a great many of the profession—they were satisfied to say, this or that patient has some heart trouble. He offered the proposition that a good physical-diagnostician was a good doctor; and *vice versâ*, the man careless in his physical diagnosis, a poor one.

The prognosis in these cases of mitral regurgitation with hypertrophy of the left ventricle in children is not so bad as is generally supposed. Ordinarily of a child five or six years old, with such a murmur, it can be said that his disease will not terminate fatally for some time and perhaps not for many years. He recalled the instance of the child of a physician of this city whom he saw eleven years ago. Her heart symptoms were more marked than those in the patient before the class; she had severe dyspnœa and attacks of pulmonary congestion, and was generally considered a hopeless case. To-day she is a young lady eighteen years old. The murmur is not so loud nor diffused, though still present and she suffers from no over-action of the heart. Indeed she is not, properly speaking, an invalid. In the present case, however, there were certain points that made the prognosis less favorable. The child was somewhat rachitic, and there was not proper compensation, and the blood was not thoroughly oxygenized. She had not been long enough under treatment, it was true, to determine whether or not the heart could be aided in overcoming some of these conditions.

—Complaints of over-pressure in schools are as numerous and universal in Sweden as in many other Continental countries. Sweden is, in fact, one of the countries where this fact has first roused the public interest, as has been proved by Professor Dr. Key several years ago, in a pamphlet full of trustworthy statistical information, and showing that anæmia, chlorosis, and other diseases are due to, or are at least greatly promoted by, the existing overwork in the schools.

PERISCOPE.

Syphilis and the Hot Springs of Arkansas.

Dr. E. L. Keyes read a paper on the subject of syphilis at a recent meeting of the New York Dermatological Society, the proceedings of which are published in the *Journal of Cutaneous and Genito-Urinary-Diseases*. The paper received quite a thorough discussion, and it will be of considerable value to note the various opinions expressed. Dr. Keyes believes that the waters possess a decided influence in the cure of syphilis, from personal observations which he has made at the Springs, as well as from the effects which he has seen produced on patients sent there by himself. In accordance with the general belief of the profession, his observations showed that the physicians who did well at the Springs used mercury by inunction most unsparingly and iodide of potassium internally in enormous doses, and this was just where the value of the Springs seemed to lie. A cure is effected in even desperate cases of late syphilis by means of the hot baths and the internal use of the water, which enable the patients to bear the drugs in greatly increased quantities. It is the broken-down, cachectic patients whose stomachs refuse to tolerate a sufficiently high degree of specific medication at home who should be sent to Hot Springs, for there three or four times the quantity of iodides can be given without upsetting the stomach, and increased quantities of mercury by inunction without producing salivation. He would recommend all patients to go to Hot Springs at any sacrifice of time, money or comfort, who were suffering from serious involvement of the brain or spinal cord, and who could not at home be made to tolerate sufficiently high doses of the specific remedies to control the disease. For ordinary cases of syphilis, however, he did not think the Springs could shorten the duration of the disease, prevent relapses, or cure it in any sense. There was no value in suppressing the early symptoms of the disease by heroic treatment, as employed there; it made the patient less willing to undergo prolonged treatment at home, which he considered gave the patient the best chance of future immunity from the disease.

Dr. Fordyce, whose personal experience covers a period of three years at the Springs, stated that many patients who came to the Springs after a prolonged mercurial course at home, developed ptyalism after a number of baths, thus supporting the view that the waters have an influence in eliminating the drug. This effect is probably due to the increased capillary circulation, favoring tissue change and greater activity in the elimination of matter foreign to the tissues. Individuals who come from a malarious district, though having suffered no acute outbreak for years, often, after bathing for one or two weeks, develop some form of malarial fever; gouty subjects, too, after hot baths, frequently have an acute outbreak of their trouble. It is observed, also, that new growths, especially those of a malignant character, take on increased activity of development after the use of the hot baths, so that it is a matter of common report at the Springs that persons affected with cancer should not use the hot water. Aside from theoretical considerations, experience shows that many cases of late syphilis are more quickly cured at the Springs than at home. On the other hand, he has never been able to convince himself that the early stages of the disease were more rapidly cured there than under the inunction method at home. The beneficial effects of the hot baths are probably as much overrated by the bath physicians as they are often underestimated by the physicians away, self-interest in both cases modifying the advice given.

Dr. Morrow stated that the chief peculiarity of the treatment at the Springs consisted in the activity and energy of mercurialization and iodization; crowding the system with these drugs and then endeavoring by hot baths and drinks to float them out through the skin and kidneys. This he deemed unscientific and irrational. The attempt to expel the syphilitic virus by therapeutic violence should be regarded as a step backward—a return to the practice of our forefathers.

The good results of the Hot Springs treatment he regarded as chiefly due to the change of air and scene, the freedom from business cares, and the fact that the patient made it his business to pursue a methodic treatment.

Dr. Bulkley said that he, personally, had never been obliged to send any of his many syphilitic patients to the Hot Springs. Many of his cases had been very bad ones, but in his experience they had yielded just as well to proper treatment in New York as at the Springs, and the use of hot water was just as beneficial in one place as in the other.

Other speakers attributed the good results at the Springs to the favorable hygienic surroundings and the absolute rest attained, and not to any virtue of the water itself. It was generally agreed that the early stages of syphilis were not well handled at the Springs, many of the patients being given mercury with opium, thus locking up the secretions, and the patients did badly afterward, being especially apt to suffer from tubercular ulcerations. The mixed treatment was also given from the beginning, which quickly controlled the evidences of the disease without curing them. If the iodide of potassium was given early, it not only did no real good, so far as the malady was concerned, but might actually require much larger doses later in the disease than would have been necessary if none had been given early.—*St. Louis Weekly Med. Review*, Feb. 15, 1890.

The Testicle in Ancient Pharmacy.

Dr. Archie Stockwell writes an elaborate historical and critical article in the *Therapeutic Gazette* regarding the subject of testicular secretion in therapeutics. It is not surprising that in olden times, when every conceivable agent, from tongue of snake to eye of bat, was put into pharmacy, that the sexual organs should also be utilized. As a matter of fact, Dr. Stockwell has succeeded in finding a great number of references to the use of the testicles of various animals in the cure of disease. We cannot repose the fullest confidence in Dr. Stockwell's historical accuracy or soundness of judgment, for he informs us that "we now know" that Socrates was sentenced to death for his sexual crimes, and that the faults of Paracelsus were venial, and consisted, "like those of Pasteur," chiefly of "theatrical enunciation and denunciation, of the drawing of conclusions from imperfect data." If ever there was a liar and quack, it was Paracelsus. However, he anticipated Brown-Séquard, for we are told that out of *sperma hominis* he made his homunculus, and asserted that "it was good against the imbecility of the instruments of generation." In the *Hortulis Genialis* of Baricellus, Genoa, 1620, is found a receipt for sexual rejuvenescence, the principal ingredient of which is the testicle of the wild boar; and a parallel prescription is offered in a work by Elzear Blaze, one hundred and twenty years later.

During the seventeenth century reproductive products, as obtained from mammals, birds and fishes, still enjoyed an enviable reputation as cerebro-spinal and genital excitants; they were especially endowed with specific attributes in diseases of mucous membranes, or those due to nervous derangements, such as "the falling sickness," chorea and neurasthenias. They were, however, more generally employed to restore sexual vigor and increase virility, and found a prominent place in the London Pharmacopœia as issued by the Fellows of the Royal College of Physicians in 1676, and also in Salmon's "New London Dispensatory" of 1684.

In the eighteenth century most animal remedies were dropped from the Pharmacopœia, and the testicles among them. It is very evident that they were recommended and used in ancient times on purely fanciful grounds, and that, as administered, they could have had no more physiological effect than so much dried albumin. The leucomaïne or ptomaïne, thought to be in the fresh juice, and asserted to be represented by a substance called "spermine," must be destroyed by drying, heating and addition of various chemical agents. The administration of testicles in diseases has in the past been only a kind of offshoot of phallic worship, and the modern use of testicular secretion seems to be of much the same character.—*N. Y. Medical Record*, Feb. 15, 1890.

Treatment of Obesity.

In an article on the Physiological Treatment of Obesity in the *N. Y. Medical Record*, Feb. 15, 1890, Dr. Walter Mendelson gives the following diet list made up as an average of two by Oertel and somewhat modified for American habits. Such a list is only to serve as a *general guide* to the patient to whom it is to be given. No absolutely hard-and-fast rules can be laid down, and patients under treatment should be seen—and weighed—from time to time; increasing one kind of food and diminishing another as occasion demands.

Breakfast: 1 cup (6 ozs.) tea or coffee, with milk and sugar. Bread, 2½ ozs. (2 or 3 slices). Butter, ½ oz. 1 egg or 1½ oz. meat.

Dinner: Meat or fish, 7 ozs. Green vegetables, 2 ozs. (spinach, cabbage, string beans, asparagus, tomatoes, beet tops, etc.) Farinaceous dishes, 3½ ozs. (potatoes, rice,

hominy, macaroni, etc.), or these may be omitted and a corresponding amount of green vegetables substituted. Salad, with plain dressing, 1 oz. Fruit, 3½ ozs. Water, sparingly.

Supper or Lunch: 2 eggs, or lean meat, 5 ozs. Salad (radishes, pickles, etc.), ¾ oz. Bread, ¾ oz. (1 slice). Fruit, 3½ ozs. Or fruit may be omitted and bread, 2 ozs., substituted. Fluids (tea, coffee, etc.), 8 ozs. No beer, ale, cider, champagne, sweet wines and spirits. Claret and hock in great moderation. Milk, except as an addition to tea or coffee, only occasionally. Eat no rich gravies, and nothing fried. Patients should always feel *better*—never worse—under treatment. Lassitude and fatigue are signs that the muscular tissue, as well as the fat, is being reduced, and that more non-nitrogenous food must then be allowed.

Dr. Mendelson says: Never yield to the wishes of the patient to grow thin *quickly*. All reforms, to be lasting and beneficial, must be slow in action, they must be the result of education, they must be a growth from within, not an impress from without. And the cells of the body, in their infinite diversity of occupation resembling the citizens of a state, can by slow degrees be habituated to better things, to change their vicious mode of action to one harmonious with the welfare of the commonwealth. And when this education has once been established, continuance becomes a mere habit.

Iodoform Direct from Seaweed.

The *Chemist and Druggist* states that there has been started recently at Poterie-de-Belbeuf, Rouen, the manufacture of iodoform direct from the waters of lixiviation from varech. The clear desulphurized solution is thoroughly beaten with mechanical agitators after the addition of a certain proportion of caustic soda, and the iodides are transformed into iodoform by adding acetone and hypochlorite of soda. The iodoform which is precipitated is washed, dried and crystallized from alcohol or other suitable liquid. It is maintained that the persistent and disagreeable odor of iodoform is due to the use of alcohol in its manufacture, iodine being liberated, and rendering possible the formation of iodized organic bodies as by-products which are of strong odor. Acetone-iodoform is made without the liberation of iodine, and can be produced in very dilute solutions, both conditions being highly favorable to the production of an absolute and inodorous iodoform.—*American Druggist*, Feb., 1890.

Treatment of Hip-Joint Disease.

In the *New York Medical Journal*, Feb. 15, 1890, Dr. John Ridlon has an interesting article on the treatment of hip-joint disease, in which he says:

The subject of treatment of hip-joint disease is narrowed down to fixation and traction. If traction is to be used at all, it should be constant and uninterrupted, and in one and the same line. Traction at a right line at one time and at a right angle at another, as is permitted by most forms of traction apparatus, cannot be free from harm; and the push-and-pull action of all traction hip-splints during locomotion must be seriously condemned. Splints, to be sure, have been devised to the end of eliminating this pumping action at the joint, but, since they are neither used by their authors nor by any one else, their merit does not call for consideration.

As to the value of fixation, we are pretty nearly a unit. The old "American method" of motion without friction has passed away—*requiescat in pace*—and a new American school has arisen. We are members of that school. We believe in fixation first, last and all the time. We believe in traction, too, while there is pain from voluntary muscular spasm—traction with the patient in the recumbent position—traction constant and uninterrupted. But traction during locomotion as given by the traction hip-splint? That is a question that will bear some further discussion.

An inquiry into the results of any plan of treatment should, at the least, consider the mortality; the duration of treatment; the general health during treatment; and, bearing directly upon this, the length of time patients are confined to bed; the frequency of abscesses which go on to operative interference or spontaneous opening; the ultimate condition of the limb as to usefulness; the amount of actual shortening—*i. e.*, shortening due to erosion, displacement and arrest of growth; the amount of apparent shortening—*i. e.*, the actual shortening plus the shortening dependent upon flexion and abduction; and, finally, the degree of motion at the joint.

Reliable statistics of any considerable

number of cases treated by immobilization are wanting. Although Thomas's splint has now for some time been in pretty general use in England, but few patients have been treated by others than himself in a satisfactory way. Mr. Thomas's own cases have been in private practice, and records have been kept of only those showing some special point of interest. The records of his cases to which I have access give the time in bed from nine to fifty-two weeks, the average being twenty-two weeks; the duration of treatment, from twelve to thirty-six months, the average being twenty-one months. Abscesses are not infrequent, but I have no data on that point. He says that all patients that recover do so without flexion and without abduction. Shortening is present when there has been erosion and when the growth of the limb has been arrested by the disease. Ankylosis is only found when the inflammatory process has been exceptionally destructive. No one any longer maintains that the prolonged immobility to which he subjects his patients is in itself productive of ankylosis.

It has been my fortune to treat, or share in the treatment of, upward of 1,100 cases of hip disease with the long traction hip-splint. The convictions which I am about to express are founded upon a study of those cases, taken together with the statistics above quoted and others bearing in the same direction.

In conclusion, then, I would say that it does not appear to me that sufficient evidence has been presented to demonstrate that the results of the use of the traction hip-splint are any better than, or as good as, those obtained by any purely fixative apparatus; nor does it appear that the results are any better than those where the "expectant treatment" or no treatment has been employed; nor has it been shown that the use of the traction splint shortens the disease. On the other hand, the statistics quoted have shown that it does *not* prevent actual shortening from arrested growth, from erosion of bone, and from subluxation; that it does *not* prevent apparent shortening from flexion and abduction; and that it does *not* prevent stiffness at the joint. It has also been shown to *cause* in-knee and super-extension at the knee by stretching the ligaments, and weakness and talipes equinus at the ankle.

The most often repeated, if not the only, charges made by the tractionists against pure fixation (without traction) is that it does not so quickly relieve the pain—a point yet not proved, and that it favors actual shortening from erosion of bone. The statement that pure fixation removes apparent shortening by preventing flexion and abduction they do not object to. And the statement that fixation does not induce ankylosis in a tubercular joint is no longer questioned.

Routine treatment of any kind should be condemned, whether it be traction or fixation, or simply making the leg a pendent member, or waiting for Nature's cure. Each case should be treated on its merits, and its indications should be followed in so far as the surrounding circumstances and the means at hand will permit. As Dr. Charles Fayette Taylor once so aptly said: "It is absurd to speak of an instrument for hip disease. There can be no one complete instrument for hip disease."

Gastric Juice as a Germicide.

Drs. Straus and Wurtz have conducted a series of experiments in order to ascertain the action of the gastric juice on the bacilli of tubercle, charbon, typhoid and cholera morbus. The gastric juice from man, dogs and sheep was selected for the experiments. It was found that digestion for a few hours at a temperature of 100° F. destroyed all the germs. The bacillus anthracis was killed in half an hour, the bacillus of typhoid and cholera in under three hours, whilst the bacillus of tubercle bore digestion for six hours, under which time it was still capable of provoking general tubercular infection. Even when digested for from eight to twelve hours the bacillus was still capable of producing a local tubercular abscess, not followed by general infection. Over twelve hours' digestion destroyed it completely. The germicide influence of gastric juice appears to be due to its acid contents, as it was found that hydrochloric acid alone, dissolved in water in the same proportion as it is in gastric juice, proved as active a destroyer of the bacilli. The pepsin appears to have no influence on the germs. Drs. Straus and Wurtz, who publish their researches in *Archives de Médecine Expérimentale*, wisely remind their readers that the germs, when protected by animal and vegetable tissues and introduced into the stomach in ordinary nutrition, are not exposed to so direct and prolonged action of the acid constituents of gastric juice as in these experiments.—*British Medical Journal*, Feb. 1, 1890.

THE
MEDICAL AND SURGICAL
REPORTER.

ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M.D.,
EDITOR AND PUBLISHER.

N. E. Cor. 13th and Walnut Streets,
P. O. Box 843. Philadelphia, Pa.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

A HYDROPHOBIA STORY EXPLODED.

Some time ago a paragraph was going the rounds and appeared in the *Medical News* of February 8, 1890, in the following shape:

"*Hydrophobia from the bite of a cat.*—Principal Clark, of the Albion Academy, at Milton, Wisconsin, is reported to have died from hydrophobia, resulting from the bite of a cat ten months previously. The immediate effects of the bite appeared to be trivial, but the hydrophobia symptoms, when they declared themselves recently, were unmistakable and death most painful."

Having an interest in this subject of so-called hydrophobia, the Editor of the REPORTER wrote to a correspondent in Wisconsin to get the facts of the case, if possible. The result has been the receipt of a letter, dated Milton, Wis., February 17, 1890, addressed to Dr. E. C. Helm, of Beloit, Wis., by a sister of Professor Charles A. Clarke. The letter states that: "Professor Clarke, of Albion, did not die of hydrophobia, as was reported; he died of cerebral meningitis. True, he had a cat-bite; but the cat was not mad; and he had suffered ever since with blood poison, which showed itself in abscesses, he having, in six months, thirty large and small abscesses on hand, arms and neck. Just how much the cat-bite had to do with his death we cannot tell; but we are very sure he did not die of hydrophobia. There was no attempt to bite, nor aversion to water; but he drank water freely all through his sickness, and enjoyed being bathed as much as any sick person."

This statement leaves nothing of the assertions that the immediate effects of the cat-bite were trivial, and that the hydrophobic symptoms were unmistakable; and it explodes a story which has gone abroad with the sanction of a well-known and respected medical journal.

It would be fortunate for the world if it were possible to get so quickly at the truth of all reported cases of hydrophobia; but the readers of the REPORTER may be glad to know that years of experience in following up just such stories as this one has led the Editor of this journal to regard them with almost absolute incredulity. Cases of seeming hydrophobia are very rare in this country, and everywhere, except where the popular mind is filled with thoughts of this disorder by such notions as are fostered in France and other countries where Pasteur Institutes are established.

It is to be hoped that the founding of a Pasteur Institute in New York, which has been announced with foolish and alarming details in the newspapers, may not lead to a multiplication of cases of so-called hydrophobia; but that our land may long share the comparative immunity which is enjoyed by all parts of the world where the subject is not too much discussed, and where incredulity eliminates the greatest of all the causes of its development.

REVIEW OF THE EPIDEMIC OF GRIPPE.

At the meeting of the Illinois State Board of Health, held February 13, 1890, Dr. John H. Rauch, the Secretary, presented a report which contained an admirable review of the history and nature of the recent epidemic of "Grippe," which is of such great value that we present it—with certain modifications—to the readers of the REPORTER.

The first cases of the recent epidemic recognized in Europe were observed in St. Petersburg about the middle of October. At that time it was supposed that the prevalent epidemic had taken its origin in or about Wassali-Ostrow, southwest of St. Petersburg, and Kolomna, sixty-five miles southeast of Moscow, appearing in these regions and rapidly spreading north to the capital. Both these supposed points of its origin are in direct communication by railroad with St. Petersburg—Wassali-Ostrow being the nearest. Within three weeks after its appearance, one-half the population of St. Petersburg was rendered prostrate from its influence, and by November 12 it seems to have spread over the whole of European Russia. In Asia it was first noticed in Tomsk, a commercial town in Central Siberia, and appeared in the Caucaucus about November 11. It is yet too soon, on account of meagre information, to determine where the epidemic really took its origin. Thence it spread into Finland and Eastern Prussia, and in the beginning of the month of November invaded Berlin, the first cases being observed at the City Hospital in Friedrichstein; thence it spread to Vienna and Paris. By December 20 it was prevailing in nearly all the capitals and large cities of continental Europe. It was undoubtedly introduced into England early in December, though it was not clearly recognized until December 18, and then the epidemic seemed to many observers more like dengue than influenza. Up to that time the disease was by no means so prevalent and marked in England as on the continent. About January 1 it was reported that the disease was on the decline on the continent, but not in Great Britain and Ireland. During the month of December the influenza prevailed quite extensively among horses in London.

The disease was first recognized in Boston on December 17, in New York December 20, in Philadelphia and Chicago about December 23.

The epidemic in this continent has extended from the Atlantic to the Pacific and as far south as Mexico and Central America. It practically spread over Europe and a large portion of North America within ninety days, extending over a greater area, and with greater rapidity than any epidemic of which we have a record. It made its appearance in the large cities first, and afterwards extended to their immediate neighborhood. It appears as though there must have been some communication, although it is said to have appeared simultaneously in different localities.

In March, 1843, influenza appeared in Germany and England; in April, in France; in June, in the New England States and New York; in July, in Pennsylvania, and a portion of the Southern States, and by August it had extended over almost every part of the United States. Thus, in 1843, it consumed six months in spreading to and through this country (the area of which was limited at that time), while the present epidemic has extended from St. Petersburg to the Pacific Coast and Central America, within three months.

In December, 1850, influenza prevailed in the West Indies, Peru and Chili, spreading from Lima along the coast to Valparaiso, and in January, 1851, in California. It was at no other point in the United States, and the infection must have been received from the Pacific coast of South America. In August, 1857, it prevailed in Central America; in September, on the coasts of Chili and Peru, and VanCouvers Island, and nowhere else in North America. In December, 1861, there was a local epidemic in Philadelphia.

In 1873, from January to March, influenza prevailed generally throughout the United States, and was recognized nowhere else. In the winter of 1874–75, it spread over the Western and Eastern hemispheres, prevailing in nearly all the States of the Union, and also in Germany, Austria, Sweden and France. This was the last appearance of this disease until the present time. It will be observed that when it last made its appearance in this country, it did not spread to the Pacific coast of North America.

Since the year 1173, to the present time, there have been sixty-two epidemics of so-called influenza in Europe, or one in about every eleven years. During this period it assumed a pandemic form fifteen times. It made its first appearance in North America, in 1627, and to the present time we have had nineteen epidemics, or one in every fourteen years, assuming a pandemic form ten times. In several of these pandemics the disease extended, not only over the Eastern hemisphere, but it reached also to the Western; in others, it remained limited to the former; while pandemics are known to have occurred exclusively in the Western hemisphere.

When it first made its appearance in October, 1889, on the continent of Europe, the nature of the disease was in doubt, many of the medical authorities in St. Petersburg, Berlin, Vienna, Paris, and even in England, and also in this country, taking the view that the present pandemic is a modified form of dengue, the result of temperature; dengue being practically a disease of warm weather and subtropical countries. This so-called influenza, when it appeared in different localities, did not present all the typical features of former epidemics, but did manifest a number of very marked symptoms that are found in dengue. It was also supposed by some that the influenza took its origin from the dengue, owing to the fact that the dengue was epidemic in Constantinople and points in Asia Minor and Southern Europe during the months of July, August, September and October, and is prevailing even at the present time in the southern part of Europe; and that the dengue spreading northward from Turkey to Russia, changed in its type as it progressed north, until it assumed the present form.

The disease began to show its influence upon the death rate in Boston in the week ending December 21, increasing in its effect until the week ending January 11, when it reached its height. Taking the number of deaths the week before the malady began to manifest its effect to the week ending February 8 as a basis, it will appear that 885 deaths occurred from this cause and the meteorological conditions that obtained; also that of this number there was an increase of 136 deaths under five years. This increase of deaths was mainly among diseases of the respiratory organs, those suffering from chronic diseases and the weak and aged. It is barely possible that the disease manifested itself in the week ending December 21 in New York City. But its rapid increase during the next two weeks is more marked than in either of the two preceding cities, reaching its highest point January 11. From its first appearance to the week ending February 8, 2,503 deaths may be attributed to this cause—of these there were only 512 under five years. In Philadelphia, the disease manifested itself in the week ending December 28, and culminated in the week ending January 18. From December 28 to February 8, there was an increase of 1,344 deaths due to this disease. Of these there was an increase of only 111 cases under five years. In Cleveland the effect of the diseases was manifest in the week ended January 4, culminating about January 25, when the mean weekly temperature was lowest. From the week ended January 4 to the week ended February 8, 363 deaths may be ascribed to the influenza; of these 129 were under five years of age. As in other cities this increase is mainly among pulmonary diseases. In Chicago, the pandemic first made its effect manifest in the

death rate for the week ending December 28 and reached the highest point January 25, when also the mean temperature was the lowest that had been observed during the present winter. It was two weeks longer culminating than in Boston. From the week ending December 28 to the week ending February 8, 1,500 deaths may be attributed to the malady; of these there were 774 under five years of age, a number much greater proportionately than in any other city. Is there a greater infantile population in Chicago than in other cities? Nearly two-thirds of the deaths were caused by diseases of the respiratory organs.

During the week ending January 11 the malady made itself manifest in Baltimore in the increase in the death rate, culminating on the 18th of the same month. From its first appearance to the week ending February 8, there was an increase of 153 deaths, and of these 119 were under five years. In Washington its effect was noticed in the week ending January 11, culminating in the week ending January 25, and causing 178 deaths. In Cincinnati, it did not show its effect on the death rate until the week ending January 11, and its culminating point was reached in the week ending January 25. There was an increase of 155 deaths from the week ending January 11 to the week ending February 8. In St. Louis, while cases occurred about January 1, its influence on life was not manifest until the 18th. From the week ending January 18 to that ending February 8, 192 deaths may be attributed to the disease, and for the week ending February 1, the deaths at St. Louis were greater, while in other cities where the disease had prevailed for some time, the number had greatly decreased. As a whole the epidemic was mild and St. Louis did not suffer in comparison with other cities at home and aboad.

Influenza made its appearance at Charleston, South Carolina, and two deaths occurred from this cause after January 1 at New Orleans.

In Boston, New York, Philadelphia and Chicago the effect of the disease was marked; at Baltimore, Washington, Cincinnati and St. Louis, a tier of more southerly cities, the fatality has not been so great, and the epidemic did not manifest its influence as early as in the northern cities. The percentage of increase of the death rate in the different cities from the time the disease manifested itself to February 8, is: Boston, 2.11; New York, 1.97; Philadelphia, 1.29; Cleveland, 1.51; Chicago, 1.39; Baltimore, .305; Washington, .791; Cincinnati, .688; St. Louis, .426. It is probable that about 12,000 people have died within the last seven weeks from causes due directly or indirectly to the prevalence of this disease, a greater fatality than has occurred in the United States from any epidemic, in the same length of time. Its fatality was equaled only once before, and that was during the autumn and winter of 1789–90.

On the continent of Europe, especially in several of the larger cities, the effect of the epidemic on the death rate is still marked.

One of the most distinguished medical authorities in St. Petersburg recently announced the firm conviction that cholera would follow the epidemic of influenza in Russia, as it had six times in the past. Dr. Hirsch, who is the best authority in the world on epidemics, is of the opinion that it was an accident, and Dr. Rauch agrees with him.

As so little is known with regard to this disease, Dr. Rauch thinks it very important that every effort should be made to secure information to elucidate the unsettled questions regarding its etiology and history. He suggests that a circular letter be addressed to the medical men of Illinois—and we would add that other places would probably furnish much larger material for study—asking for—

First—The dates of earliest occurrence of cases of influenza presenting distinctive characters (among which may especially be mentioned marked nervous depression, out

of proportion to the gravity of the catarrhal or other local symptoms, not infrequently beginning suddenly), or such as were the precursors of an extended prevalence of similar cases.

Second—Cases illustrating the introduction of the disease by importation; or (in the cases of institutions) from the outside; also cases illustrating its mode of propagation among mankind and animals by infection or otherwise; or cases in which its origin in imported infection could apparently be excluded—*e. g.*, in ships at sea.

Third—Cases in which the length of the period of incubation could be fixed.

Fourth—The number of cases that have proved directly fatal; fatal cases of diseases indirectly due to the epidemic influences; also the duration of the epidemic.

Such a line of investigation is being pursued by the Local Government Board of Great Britain, and it seems desirable that the health authorities of the various States should conduct similar inquiries.

A NATIONAL DEPARTMENT OF PUBLIC HEALTH.

As will be seen in the Notes and Comments of this number of the REPORTER, it is proposed to establish a "Bureau of Animal Industry," for the suppression of contagious diseases among domestic animals, with rather broad powers, and to be under a chief who shall be a veterinary surgeon.

It is to be hoped, of course, that some sensible way may be found to regulate matters of health in connection with cattle in the United States; but we doubt that this is the best way to get at the matter. In our opinion the subject should be committed to some of the existing departments, and made a part of a general system of sanitary supervision for the whole country. We regard it as unwise at this time to establish a bureau for the diseases of animals, which might be hard to force into the bounds of a larger scheme at a future date.

We would approve of legislation conferring on the Marine Hospital Service supervision over all matters of public health, in the hope that before long this would lead to the establishment of a Department of Public Health, fully equipped and placed on a footing equal to that of any of the existing departments. Certainly the health interests of the country are worthy of being represented in the Cabinet; and they should be so represented as soon as there is any general agreement among medical men as to the best way in which this representation can be carried out.

A Department of Public Health seems to us to be one of the greatest needs of our great country to-day; and we invite our colleagues of the medical journals to discuss the means by which such a Department may be established and maintained as part of the National Government.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. Fourth Session, held at Washington, D. C., September 18, 19 and 20, 1889. Volume IV. 8vo, pp. xx, 381. Philadelphia: 1889.

Physicians have come to look to the Association of American Physicians for the best exposition of American medical thought and teaching. The contents of the present volume fully sustain the reputation of the Association. Following the President's Address, by Dr. Minot, of Boston, is a very instructive paper by Dr. Folsom, also of Boston, on "The Early Stage of General Paralysis." The author shows admirably the insidiousness of the disease. He finds that the earliest symptoms are those of cerebral weakness. The patient fails in energy and in mental grasp, becomes careless and indifferent about matters concerning which he was before punctilious, is irritable and emotional, and at times has a disregard for the proprieties of life. Dr. James Stewart, of Montreal, has an interesting paper on the rare disease known as "Tetany." Dr. A. Brayton Ball follows with a paper on "Thrombosis of the Cerebral Sinuses and Veins;" while Samuel C. Busey, of Washington, discusses "Effusions of Chyle, etc., into the Serous Cavities." Dr. J. F. A. Adams, of Pittsfield, in a paper on the "Substitutes for Opium in Chronic Diseases," reviews the recent antipyretics, hypnotics and antiseptic remedies, and indicates the way in which they may be usefully employed to substitute opium. Dr. D. W. Prentiss, of Washington, D. C., contributes an elaborate "Report of Three Cases of Remarkably Slow Pulse," with brief

abstracts of ninety-one other cases. Dr. F. P. Henry, of Philadelphia, treats of the relations between the various anemias, and Dr. Forchheimer, of Cincinnati, of the "Relations of Anemia to Chlorosis." Dr. S. Weir Mitchell contributes a short paper on "Subjective False Sensations of Cold," and reports seven illustrative cases. Dr. G. M. Garland has an interesting paper on "Gastric Neurasthenia." All the patients were women, all were of dark complexion, in all feeding by the mouth had to be abandoned and rectal enemata substituted. Morphine subcutaneously was the only drug found of service. Dr. P. Gervais Robinson, of St. Louis, in his paper on "The Contagium of Diphtheria," states his belief that diphtheria is a specific contagious disease, due to the morbid influence of a distinct micro-organism on the tissues of the body. Dr. James J. Putnam, of Cambridge, Mass., contributes an instructive paper on "The Frequency of Lead in the Urine." Fifty-seven analyses were made, and lead was found in ten, or 17.5 per cent. Dr. Harold C. Ernst, of Boston, discusses the "Danger from the Milk of Tuberculous Cows." One hundred and fourteen samples of milk, from thirty-six different cows were examined, all showing more or less distinct signs of tuberculosis of the lungs or elsewhere, but none of them having marked signs of disease of the udder of any kind. The tubercle bacillus was found in 31.5 per cent. of the samples examined. Dr. E. L. Trudeau, of Saranac Lake, N. Y, speaks of "Hot Air Inhalations in Pulmonary Tuberculosis," and concludes that their therapeutic value is doubtful. Dr. E. N. Whittier, of Boston, has a paper on "Primary Malignant Disease of the Duodenum," and gives notes of thirteen cases. The next paper, on "Primary Cancer of the Gall-bladder and Bile-ducts," by Dr. J. H. Musser, of Philadelphia, is one of the most valuable papers in the present volume, and has perhaps involved more labor in its production than any other. The author has been able to collect and present abstracts of one hundred cases of primary cancer of the gall-bladder, and of eighteen cases of primary cancer of the ducts. These form the basis of very instructive conclusions. The concluding paper is on the "Heart and Kidneys in Bright's Disease," by H. F. Formad, of Philadelphia. The paper is based upon the study of three hundred autopsies.

On the whole, the present volume is a very satisfactory one, both in its subject-matter and in the style in which it has been printed and bound.

A HAND-BOOK OF DERMATOLOGY. For the use of students. By A. H. OHMANN-DUMESNIL, A. M., M. D., Professor of Dermatology, St. Louis College of Physicians and Surgeons, etc. Illustrated. 12mo, pp. viii, 368. St. Louis: St. Louis Medical and Surgical Journal Publishing Co., 1889.

This little book has been written by Dr. Dumesnil for the purpose of furnishing the students at the St. Louis College of Physicians and Surgeons with a *resume* of the lectures he delivers to them. The classification of diseases adopted is essentially that of the American Dermatological Association. Each disease is briefly defined, the salient points in its symptomatology presented, the causes and probable pathology indicated, and the treatment given. The author has wisely avoided the discussion of minute pathological details and of questions upon which dermatologists are not yet in harmony. He has also had the good judgment to give a number of prescriptions: these are always helpful, and especially to students.

In such a hand-book as the present one it is almost inevitable that there will be omissions and inaccuracies of statement. This fault Dr. Dumesnil's book has; but it fulfills a useful purpose, and no doubt will be improved in a subsequent edition. It is to be regretted that it has not been subjected to more careful proof-reading.

LITERARY NOTES.

—Professor Arlt's students will learn with pleasure that Prof. Fuchs has offered to the world a text-book on the eye more complete than his predecessor, but being a pupil of Arlt, as well as his successor as a teacher, the general principle and design of the work is the same. The clinical work is by the author, and truly worthy of the school. This is likely to become an extensively used text-book.

—The Secretary of the Illustrated Medical News Company, of London, announces, under date of February 6, 1890, that, owing to various causes, the Directors of the Company have decided to discontinue the publication of the *Illustrated Medical News*.

—A new periodical, entitled *Revue d' Orthopedie*, will shortly appear in Paris, under the editorship of Drs. H. Petit and Kirmisson. It is also announced that a journal dealing with massage and electro-therapeutics is about to be published in Paris, under the direction of Dr. A. S. Weber.

—Three very timely and important subjects are treated in the March *Century* by specialists. The first is the subject of Municipal Government, Dr. Albert Shaw, describing the workings of the local government of Glasgow, one of the world's model cities in this respect. The subject of Irrigation is treated in the first of a series of three articles by Professor Powell, the Director of the United States Geological Survey. The third great subject is discussed in a paper by Professor Fisher on "The Nature and Method of Revelation." The same number of *The Century* has editorials on "Municipal Government," "Our Sins Against France," and "University Extension."

NOTES AND COMMENTS.

Proposed Bureau of Animal Industry.

We hear from Washington, under date of February 27, that Senator Paddock has introduced in the Senate a bill for the establishment of a bureau of animal industry, to prevent the exportation of diseased cattle and to provide for the suppression and extirpation of pleuro-pneumonia and other contagious diseases among domestic animals.

This bill, which is intended as a substitute for various measures on the same topic that have been before the Senate, provides that, for the purpose of better promoting the exportation of cattle and live stock from the United States and facilitating the commerce in cattle among the States, and for removing

obstructions to such commerce with foreign nations occasioned by the existence of infectious diseases among cattle and other live stock, a bureau of animal industry should be established, under a chief, who shall be a veterinary surgeon, and whose duty it shall be to inquire into the cause of all communicable diseases among live stock. The Secretary shall prepare and enforce rules for the suppression and extirpation of all diseases of cattle, and especially of pleuro-pneumonia. Cattle so affected shall not be transported from one State to another. The bill further provides that, in order to promote the exportation of live stock, the Secretary shall make special investigation as to the existence of pleuro-pneumonia along the dividing lines between the United States and Canada, and along the lines of transportation from all parts of the country to ports from which live stock are exported, and shall establish regulations concerning the exportation of such stock.

Quick Preparation of Surgical Gauzes.

H. Helbing suggests in the *Pharmaceutical Journal* the following mode of preparing surgical gauzes at short notice:

Good raw material is of the first importance in preparing gauzes. This should be perfectly free from fat, should have at least thirty threads each way in a square inch, and should weigh about ten drachms to the square yard. This is about the average for good stuff, though if we examine the various gauzes on the market we shall find that only the very best houses furnish a material of this standard. He has examined a number of samples and gives a few of the figures:

Samples.	Weight of square yard.	Number of threads per square inch.
1	12 drachms.	44 x 44
2	10 "	31 x 31
3	7 "	15 x 15
4	6 "	17 x 17
5	5½ "	26 x 26
6	5 "	27 x 17

Gauze sold by measure is sold on an entirely wrong principle, as, unless the buyer knows the weight and the number of threads, he cannot tell what he gets for his money. If the samples given were all made into 10 per cent. iodoform gauze, Nos. 1 and 2 would contain nearly double the amount of iodoform in each square yard of any of the others, and if when finished they were charged at double the rate of the others it would only be a fair price. This shows how important it is when procuring such articles to ascertain the weight of the gauze and the number of threads. Of course the gauze should also be tested to see that it contains the percentage of antiseptic claimed.

Gauzes are usually kept ready by the instrument makers, but it may sometimes happen that a medical man may want a gauze for a case of emergency. In such urgent cases it is an advantage to be able to prepare the gauze one's self, and this can be done in a few minutes by following these directions:

Take the necessary quantity of raw material, and weigh out a corresponding amount of the antiseptic. Saturate the material with ether or a mixture of alcohol and ether, in which the antiseptic has been dissolved, one ounce of the material requiring about three ounces of liquid; wring out the gauze several times and again saturate it; so as to insure uniform impregnation, and dry by simply unfolding it and shaking a few times. It is then ready for use.

In this manner all the different gauzes may be prepared—carbolic, corrosive sublimate, iodoform, thymol, eucalyptol, or any other. —*American Druggist*, Feb., 1890.

Vaginal Tampons.

In the *Kansas Medical Journal*, February, 1890, Dr. J. C. McClintock, of Topeka, says that as tampons are usually made by tying a string about its middle, the patient will often complain of two things: First, that the cotton is rough and irritating; second, that the tampon, if of large size, is difficult to remove. This is explained, when we realize that the long axis of the tampon is at right angles with the long axis of the vagina. Absorbent cotton is used, because it looks clean and is clean; but plain, unglazed cotton batting, which can be bought at dry-goods stores for fifteen cents a roll, is more elastic than the absorbent and will not pack into hard balls when soaked in glycerine. It can be sterilized by being heated in an oven to 240 degrees Fahrenheit.

For tampons applied in uterine and special ovarian displacements, a cheap kind of cosmoline, very thick and heavy, will be preferable to the more fluid petroleum preparations. The former will not be absorbed by the cotton, nor will the tampons get hard, and consequently they will retain their place better and longer, and will be soothing to

an inflamed vagina. If an antiseptic and depleting effect is wanted, the cotton can be soaked in boro-glyceride, the vagina first having been washed out with an antiseptic solution. Antiseptic sheep's wool can now be obtained in drug stores. It is very light and elastic and will not retain the secretions as does the cotton. Its disadvantages are its irritating effect, and, after a time, its disagreeable odor.

A properly constructed cotton tampon is tied with coarse, white knitting silk, which is much more comfortable to the patient than the cotton cord. If for support the cotton should be rolled in a layer or strip of absorbent cotton—not around the cotton—and then tied at one end of the roll or cylinder in a surgeon's knot. One should always remember, after drawing taut the first double knot, to carry the right hand around to the left, and to give it a quick pull in that direction, which secures the knot from slipping until the second knot can be made. When the cord is drawn upon, the long axis of the tampon will correspond with the long axis of the vagina, and consequently it may be removed with comparative ease. The silk cord should not be over twelve inches long and should not project from the vulva more than three inches, since certain movements of the patient, in the sitting posture, will frequently drag on a long string and tend to displace the tampon.

A much better tampon for support is made of antiseptic sheep's wool rolled in a cylindrical form, and a sheet of absorbent cotton, covering what one might call the upper end, and drawn down on its sides, leaving the wool exposed and projecting only at the lower end. It is tied near its upper end with two or three loops thrown over the body of the tampon, the last near its lower end.

This has the advantage of the preceding, and its shape may be varied as desired, making it round or flat or broad at the top, to suit the wants of any case. The wool in the centre will not absorb and retain the secretions, but acts as a drainage-tube, and having the wool exposed below, it will not slip as does cotton, and is more likely to retain its place longer.

Tampons as usually applied to control hemorrhage are totally inefficient, other means being more scientific. If used for this purpose, however, they should be packed in the vagina, through the Sims' speculum, according to the method of Emmett, using a large quantity, in fact filling the entire pelvis, first having emptied the bladder, and, if time will permit, the rectum also. Pajot's directions are to use at least a hat full of pledgets.

Influenza a Pneumogastric Neurosis.

M. Vovart, of Bordeaux, looks upon influenza as a neurosis of the pneumogastric nerve. Huchard (*Revue générale de clinique et de thérapeutique*, Jan. 16, 1890) states that the action of the poison falls upon the central nervous system and upon the peripheral nerves, attacking the pneumogastric in its several branches most violently, producing, through its cardiac branch, syncope, arrhythmia, intermittence, bradycardia, tachycardia, anginiform difficulty and sudden death; through its pulmonary branch, pneumonia, hæmoptoic pulmonary congestion, pulmonary œdema, bronchial paralysis and a pertussis-like cough, thought to be due to compression of the nerve by enlarged tracheo-bronchial glands; and, through its gastric branch, vomiting and various gastro-intestinal troubles.—*New York Medical Journal*, Feb. 22, 1890.

Abuse of Massage for Women.

In the *Medical Record*, Feb. 22, 1890, an anonymous correspondent writes: A woman wants to protest against the importance attached to the congestion of the mammary gland by Dr. Fowler, in a recent issue of your paper. Of course a woman has congested milk-glands, and, of course, she has a congested uterus and ovaries at times, and, of course, these several congestions can be relieved by menstruation, for instance, and in other ways. To assume that orgasm will dissipate these congestions, there is surely nothing new about that. To artificially induce orgasm for their relief is, however, playing with fire. Can you imagine that the cure will be permanent in the case of any of the hysterical girls to whom the doctor has referred? And if not, what then? Must the doctor be called in again and again for the relief of the mysterious symptoms? And must the girl degenerate into that most despicable creature—the woman who cannot live without her physician? A sentiment of respect, even in Dr. Fowler's mind, must follow the girl who would not have her "lump" treated.

So long as pelvic massage was confined to cases of pathological alterations in structure and function, we listened in patience, but when it comes to be applied for the relief of a physiological congestion, and applied to innocent, ignorant young girls, it is time to call for a halt. The practice then assumes a plane not perceptibly different from that of the masseuse who cures nervous disorders in men by similar means.

If you asked me what do women do with these cases, I would tell you that we first explain to the girl herself the character of her ailment. We disabuse her mind of the idea that there is anything wrong or immoral about the condition, but tell her that, on the contrary, it is a normal expression of her womanhood. We tell her further that it is a temporary condition; that, at the worst, it will pass over in a little time, and we tell her of various means by which it may be dissipated or avoided. One of these is physical exercise. An exhaustive gymnastic course might be prescribed. The Swedish movements for the relief of pelvic congestion are worth some study in this connection. Mental work is another great prophylactic against undue sexual irritability. Let her enter some competitive examination, take the lectures at the Barnard, or some special course of instruction. Cheerful companionship should be in all this insisted upon. Among working-girls persistent eroticism is so rare as to almost invariably indicate an unsound mind, which is, of course, the ordinary tendency of these cases.

The question of women physicians in asylums follows this same line of argument. The demented woman is highly erotic as a rule. To supply women for her immediate attendants is simply to diminish the disturbing influences likely to increase her mental instability. The necessity is not for a woman's attentions for gynecological treatment alone, but for all that presupposes close proximity in these cases.

Displacement of Internal Organs.

A most remarkable case of displacement of the vital organs of the body was revealed in the autopsy held Feb. 21, on an old inventor, who dropped dead in New York on Feb. 18. It was found that the heart, which was abnormally fat, had moved over to the right side of the chest; the stomach, spleen, pancreas and a greater portion of the large and small intestines had passed up into the left pleural cavity and considerably compressed the left lung. The heart, besides being displaced, was compressed, and the diaphragm had fallen into the abdomen. Some twenty years ago the man contracted hernia by a tree falling on him, and it is believed that the general displacement of those organs occurred at that time and existed ever since. The immediate cause of death was heart failure, though the displacement of the organs was tending to accelerate death.

Fissure of the Nipples.

The following will be found a valuable application in fissure of the nipples. It allays pain and promotes rapid healing:

℞	Saloli	ʒj
	Ætheris	fʒj
	Cocaini hydrochlor.	gr. ji
	Collodii	fʒv.
M.		

Violet Mouth Water.

The *Seifenfabrikant* gives the following:

Tincture of benzoin	7 parts
Tincture of rhatany	30 "
Tincture of myrrh	60 "
Rose water	250 "
Tincture of orris root	500 "
Alcohol	250 "

—*Druggists' Circular*, Feb., 1890.

Estimation of Sugar by Fehling's Solution.

H. Causse suggests in the *Bull. Soc. Chim. and Jour. Chem. Soc.*, the addition of 4 C.c. of a 5-per-cent. solution of potassium ferrocyanide and 20 C.c. of water to each 10 C.c. of Fehling's solution employed. On running in the sugar solution to the boiling mixture, the potassium ferrocyanide dissolves the cuprous oxide as quickly as it is precipitated, and forms a colorless solution, thus rendering the exact point of decolorization more easily seen and preventing bumping.

Potassium ferrocyanide appears to be without action on hot or cold Fehling's solution. On cooling the liquid obtained after titration, it turns brown and deposits colorless crystals which the author intends to study.—*American Druggist*, Feb., 1890.

NEWS.

—On February 27, the Philadelphia Dental College graduated 114 dentists, who received their degrees in caps and gowns.

—In opening the Haverford College lecture course on February 25, Dr. D. Hayes Agnew gave a lecture on Preventive Medicine.

—Geheimrath Professor Otto Becker, a distinguished German ophthalmologist, died at Heidelberg February 7, 1890, at the age of sixty-one years.

—The examination of applicants for the positions of Resident Physicians at the Philadelphia Hospital will be held on Wednesday, April 9, at 11 A. M.

—The U. S. Senate on February 27, passed a bill making the salary of the Surgeon-General of the Marine Hospital Service $6,000 per annum.

—Dr. T. Wallace Simon, of Philadelphia, died in the German Hospital, February 21, from a fracture of the skull caused by a fall when he was in a state of intoxication.

—The bill introduced in Parliament to enable the County Council to purchase the rights and privileges of the eight companies that supply London with water has recently been withdrawn.

—The City Council, of Camden, N. J., on February 27, resolved to submit the Water bill recently passed by the Legislature to the voters at the coming municipal election for acceptance or rejection.

—The Johns Hopkins University, in Baltimore, celebrated its 14th anniversary February 22. The public exercises were held in the Mount Vernon Place Methodist Episcopal Church. Acting President Remsen presided, and made an address.

—News comes from Dorpat, Russia, of the death of Professor Eduard von Wahl, on January 17, 1890. Professor von Wahl was a surgeon of great ability, and well known throughout the world as an able and vigorous writer on surgical subjects.

—It has been decided to found a Dermatological Society at Vienna. A meeting with that object was held on February 6, under the presidency of Professor Kaposi, and the rules of the new society were approved. The meetings will be held once a fortnight.

—Dr. Hall, the new gymnasium instructor at Haverford College, Pennsylvania, has succeeded in arousing much interest in general athletics among the Haverfords, and many are now training for the spring sports. A new gymnasium is to be built next summer at a cost of about $45,000.

—Dr. Ricard, *agrégé* of the Faculty of Medicine of Paris, and hospital surgeon, was sent in the early part of February, by the Minister of Public Instruction, on a mission to Germany, to study the progress of surgery and the organization of the surgical services of the hospitals of the principal cities of the Empire.

—The influenza epidemic is on the wane in Italy. In a mild form it still prevails in the southern towns, but in the central and northern parts of the peninsula it has sunk to merely sporadic proportions. In Florence, indeed, where it appeared in greatest force, the lazaretto specially opened for it is now closed for want of inmates.

—The Secretary of State of Pennsylvania has notified the Norristown Board of Health that a Sanitary Convention will be held in Norristown some time in May next. All the prominent sanitarians of the United States will be invited to attend and participate in the discussion. The local Board will take some definite action at its meeting in March.

—The North Philadelphia Medical Society, after nearly a year's consideration of the subject, has concluded to establish a hospital at Tioga, and has rented a large stone dwelling for the purpose, where the necessary alterations will soon be made. The hospital will be called the North Philadelphia Hospital. Arrangements are being made to have six or twelve beds ready to begin with on March 3, 1890.

—It is reported that a party of grave robbers were surprised in a cemetery in Louisville, Kentucky, on Monday night, February 24. One was shot and killed, three others were arrested, but a fifth one escaped. The party is said to have consisted of three Louisville physicians, Dr. J. T. Blackburn, Dr. W. E. Grant, and another whose name is unknown, and colored assistants. It was one of the negro assistants who was killed.

—A new medical and surgical clinic was formally opened in the University of Rostock on January 18. Addresses were delivered by Professors Th. Thierfelder and Madelung, the latter of whom congratulated his hearers on the fact that it would henceforward be possible to carry out the antiseptic treatment of wounds in an adequate manner at Rostock. A new feature in the arrangements is an installation for the manufacture of dressings in connection with the surgical clinic.